



## PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 09/23/2014

### AGENCY INFORMATION

1. How many years has your agency been in business? 5 years
2. List licenses. Home and Community Based Services
3. List other certifications/credentials. All Staff members have Bachelors Degrees
4. Is your agency accredited ☐ Yes or ☒ No
5. If your agency is accredited, by whom? In Progress
6. Has your agency had an external audit/survey? ☒ Yes or ☐ No
7. If your agency had an external audit/survey was it voluntary? ☒ Yes or ☐ No
8. If your agency has had an external audit/survey, were there any deficiencies? ☐ Yes or ☒ No
9. If there were any deficiencies, were they resolved? ☐ Yes or ☒ No

### SERVICES PROVIDED

10. Does your agency provide direct care services? ☒ Yes or ☐ No
11. If yes, select all that apply and identify the number of persons supported in each
  - ☐ Supported Independent Living
  - ☒ Individual and Family Support 70
  - ☐ In-home Respite
  - ☐ Center-based Respite
  - ☐ Supported Employment
  - ☐ Day Program
  - ☐ Transportation
  - ☐ Other: (specify services)
12. If your agency provides Supported Employment Services, how many persons supported are competitively employed? N/A
13. What is the average rate of pay for the persons supported that are working competitively? (Select one of the following) Select One

## EMPLOYEES

14. How many people are employed by your agency? (Select one of the following)

51 +

15. What types of professionals are employed by your agency? (Select all that apply)

☐ Psychologist

☐ Behavior Specialist

☐ Registered Nurse

☐ Licensed Social Worker

☐ Other (Specify)

16. What is the average rate of pay for the direct care professionals working for your agency for Individual and Family Support (IFS) day services? (Select one of the following)

\$8.26-\$9.25

17. What is the average rate of pay for the direct care professionals working for you agency for IFS night services? (Select one of the following)

\$7.25-\$8.25

18. Does your agency reimburse staff for mileage when they are providing transportation to persons supported in their own vehicle? ☐ Yes or ☒ No

19. If your agency reimburses for mileage, how much do they reimburse?

20. If your agency provides direct care services, what is your annual direct support professional turnover rate?

Less than 1%

21. What are the common reasons for agency turnover?

Clients move out of region.

22. How many hours of training per year are provided to your direct support professionals?

20

23. What training topics are provided to your direct support professionals?

Our training is divided into three modules. Module I - Working for people with disabilities. Module II - Personal Care. Module III - Critical Incidents and emergency procedures.

24. How many hours of training are provided to your professional staff?

20

25. What training topics are provided to your professional staff?

Same as Direct Supports plus Professional Leadership Training

26. Does your agency have a written policy regarding expectations of employee's behavior when providing services? ☒Yes or ☐No

27. If yes, how can persons interested in your agency access this information?

The written policy is listed in our policies and procedures manual

#### INDIVIDUALS SERVED

28. Identify the total number of persons served by your agency? 70

29. Does your agency serve children? ☒Yes or ☐No

30. Does your agency serve persons that require support with medication administration and/or non-complex tasks? ☐Yes or ☒No

31. Does your agency serve persons with more intense behavioral support needs, such as aggression, pica, self-injurious behaviors, etc.? ☐Yes or ☒No

32. Does your agency serve persons with more intense medical support needs, such as medical vents, tube feeding, etc.? ☐Yes or ☒No

33. Does your agency specialize in services for specific populations (Autism, Prader-Willi, etc.)? ☐Yes or ☒No If Yes, specify specialties.

#### QUALITY ASSURANCE

34. Is your agency's Quality Assurance Plan available for current persons supported and potential persons interested in your agency to review? ☒Yes or ☐No

35. If yes, how can persons that are interested access this information?

It is on file in the office

36. How does your agency assess individual and/or their families satisfaction with the services provided?

Quarterly Surveys

37. How often does your agency assess an individual and/or their family's satisfaction? (Select one of the following)

Quarterly

38. What is your agency's process for receiving individual complaints?

Everyone has 24 hour access to management and are encouraged to call and express their concerns and issues.



**39. How are complaints resolved?**

Through open minded discussions and inclusion.

**40. Does your agency report overall individual satisfaction? ☒Yes or ☐No**

**41. Who is overall satisfaction reported to?**

Board of Directors

**42. How often is overall satisfaction reported? (Select one of the following)**

Quarterly

Service providers should submit this form electronically to the Office for Citizens with Developmental Disabilities, attention Christy Johnson at [christy.johnson@la.gov](mailto:christy.johnson@la.gov).